Another case of pediatric cecal diverticulitis

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We have recently reported in this journal a report of two pediatric patients with cecal diverticulitis, a 15-year-old female and a 3-year-old female. There have been no documented reports subsequent to ours; however, we have since encountered an additional pediatric patient with cecal diverticulitis to add to this case series. This most recent patient is a 10-year-old female who presented to the emergency department with a 1-day history of worsening abdominal pain. Her parents reported subjective fevers at home, but denied any nausea or emesis. In the emergency department, her vital signs were within normal limits. Physical examination was notable for tenderness to palpation in the right lower quadrant. Her white blood cell count was $12,500 \text{ mm}^{-3}$ with 72 % neutrophils. An abdominal ultrasound was performed which could not visualize the appendix, and did not demonstrate any free

fluid. A computed-tomography scan was then obtained which showed a cecal wall diverticulum with wall thickening and adjacent marked inflammatory changes consistent with cecal diverticulitis. The appendix was visualized and appeared normal. Free fluid was present in the right lower quadrant, however, no pneumoperitoneum was present. The patient was started on intravenous piperacillin/tazobactam. Based on the radiographic findings and a worsening abdominal examination, the decision was made to proceed with operative exploration. Similar to our prior cases, a transverse abdominal incision was made in the right lower quadrant. The cecal wall was found to be thickened and a rubbery mass was palpated within the wall of the cecum. An ileocecectomy was performed. Pathology revealed a perforated “false” cecal diverticulum with organizing serositis. The patient did well postoperatively and was discharged on postoperative day 6.

This case is very similar in presentation, operative findings, and pathology results to the two previous cases we have reported. We are seeing an increased incidence of pediatric cecal diverticulitis. Further investigations are necessary to understand the etiology of this disease in the pediatric population, and to clarify the possibility of an increasing incidence in childhood.

Conflict of interest The authors have nothing to disclose.

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